

**Illinois Liquor Control
Commission**



**Pat Quinn
Governor**

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PH: 312-814-2206 FAX: 312-814-2241
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**101 W. JEFFERSON ST, SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
PH: 217-782-2136 FAX: 217-524-1911
WEB SITE: www.state.il.us/LCC**

APPLICATION FOR STATE OF ILLINOIS MANUFACTURER'S LIQUOR LICENSE

DEFINITIONS: A manufacturer is every brewer, fermenter, distiller, rectifier, wine maker, blender, processor, bottler or person who fills or refills an original package, whether for himself or for another, and others engaged in brewing, fermenting, distilling, rectifying or bottling alcoholic liquors as above defined. To manufacture means to distill, rectify, ferment, brew, make, mix, concoct, process, blend, bottle or fill an original package with an alcoholic liquor, whether for oneself or for another, and includes blending but does not include the mixing or other preparation of drinks for serving by those persons authorized and permitted in this Act to serve drinks for consumption on the premises where sold. All containers or packages of blended alcoholic liquors shall have affixed thereto a label setting forth and stating clearly the names of all ingredients which the blended alcoholic liquors offered for sale shall contain.

☐ **CLASS 1: DISTILLER**

FEE: \$3,600.00

A Distiller is a person who distills, ferments, brews, makes, mixes, concocts, processes, blends, bottles or fills an original package with any alcoholic liquor. A distiller may make sales and deliveries of alcoholic liquor to distillers, rectifiers, importing distributors, distributors, and non-beverage users and to no other licensees. This includes a manufacturer of wine, but does not include a manufacturer of beer or bottler of wine. **SUPPORTING DOCUMENTS REQUIRED:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
- **TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS:
a) RL-1 TAX STATEMENT OF LIABILITY; b) REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIFICATE OF DEPOSIT; or c) REG-4-D LETTER OF CREDIT BOND.**

**IF APPLICABLE, ENCLOSED STATEMENT OF REPRESENTATION—
REGISTRATION OF MANUFACTURER'S AGENT (IL 567-0054).**

**IF APPLICABLE, ENCLOSED APPLICATION FOR REGISTRATION—
MANUFACTURER'S REGISTERED AGENT (IL 567-0053).**

SEE SECTION 8 FOR DEFINITION

☐ **CLASS 2: RECTIFIER**

FEE: \$3,600.00

A Rectifier is any person who rectifies, ferments, brews, makes, mixes, concocts, processes, blends, bottles or fills an original package with any alcoholic liquor, other than by original or continuous distillation. **SUPPORTING DOCUMENTS REQUIRED:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
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SEE SECTION 8 FOR DEFINITION

☐ **CLASS 3: BREWER**

FEE: \$900.00

A Brewer is any person who is engaged in the manufacture of beer. A brewer may make sales and deliveries of beer to importing distributors and distributors, in accordance with the provisions of the Illinois Liquor Control Act. **SUPPORTING DOCUMENTS REQUIRED:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
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☐ **CLASS 4: FIRST-CLASS WINE MANUFACTURER**

FEE: \$600.00

A wine-manufacturer means a person who is engaged in the manufacture of wine. A first-class wine-manufacturer may make sales and deliveries of up to 50,000 gallons of wine to manufacturers, importing distributors and distributors, and to no other licensees. **REQUIRED DOCUMENTS:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
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SEE SECTION 8 FOR DEFINITION

☐ **CLASS 5: SECOND-CLASS WINE MANUFACTURER****FEE: \$1,200.00**

A wine-manufacturer means a person who is engaged in the manufacture of wine. A second-class wine-manufacturer may make sales and deliveries of more than **50,000** gallons of wine to manufacturers, importing distributors and distributors and to no other licensees.

SUPPORTING DOCUMENTS REQUIRED:

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
- **TAX BOND ACQUIRED BY ONE OF THE FOLLOWING ENCLOSED FORMS:**
a) **RL-1 TAX STATEMENT OF LIABILITY;** b) **REG-4-A (LIQUOR GALLONAGE TAX BOND) CERTIFICATE OF DEPOSIT;** or c) **REG-4-D LETTER OF CREDIT BOND.**

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☐ **CLASS 6: FIRST-CLASS WINE MAKER****FEE: \$600.00**

A first-class wine-maker's license shall allow the manufacturer of up to **50,000** gallons of wine per year, and the storage and sale of such wine to distributors and retailers in the state and to persons without the State, as may be permitted by law. **SUPPORTING DOCUMENTS REQUIRED:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
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☐ **CLASS 7: SECOND CLASS WINE MAKER****FEE: \$1,200.00**

A wine-maker is a person engaged in the making of between 50,000 and 100,000 gallons of wine annually. A second-class wine-maker's license shall allow the manufacture of **between 50,000 and 100,000** gallons of wine per year, and the storage and sale of such wine to distributors in this State and to persons without the State, as may be permitted by law. A second class wine-maker's license shall allow the sale of no more than 10,000 gallons of the licensee's wine directly to retailers. **SUPPORTING DOCUMENTS REQUIRED:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
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☐ **CLASS 8: LIMITED WINE MANUFACTURER****FEE: \$120.00**

A limited wine-manufacturer may make sales and deliveries **not to exceed 40,000** gallons of wine per year to distributors and to non-licensees in accordance with the provisions of the Illinois Liquor Control Act. A limited wine manufacturer uses only grapes, berries, other fruits, fruit products, honey and vegetables produced or grown in Illinois, except as defined in the Illinois Liquor Control Act, Section 5/1-3.31. **SUPPORTING DOCUMENTS REQUIRED:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
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☐ **CLASS 9: CRAFT DISTILLER****FEE: \$1,800.00**

A craft distiller license shall allow the manufacture of up to **15,000** gallons of spirits by distillation per year and the storage of such spirits. If a craft distiller licensee is not affiliated with any other manufacturer, then the craft distiller licensee may sell such spirits to distributors in this State and non-licensees to the extent permitted by any exemption approved by the Commission pursuant to Section 6-4 of the Liquor Control Act. Any craft distiller licensed under this Act how who on the effective date (July 28, 2010) of this amendatory Act of the 96th General Assembly was licensed as a distiller and manufactured no more spirits than permitted by this Section shall not be required to pay the initial licensing fee. **SUPPORTING DOCUMENTS REQUIRED:**

- **ENCLOSED REGISTRATION STATEMENT;**
- **COPY OF FEDERAL LABEL APPROVAL(S). VISIT WWW.TTB.GOV TO DOWNLOAD THE F 5100.31 APPLICATION FORM;**
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COUNTER ☐

LICENSE NO.	

EXPIRATION DATE	

Application for State of Illinois Manufacturer's Liquor License

If you want your renewal application, your license certificate and other ILCC correspondence sent to your "corporate" address, please check this box.

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need. **NOTE**, if you have filed an application for your FEIN number, the Commission will accept your application.

FEIN #

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit www.tax.illinois.gov and click on "Businesses", and then "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

Enter the area code/telephone number/extension of the corporation, partnership, etc.

AREA CODE/TELEPHONE NO.	
()	EXT.

Enter the county where the corporation, partnership etc. is located.

COUNTY

Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. **Note! this name must be consistent with name printed on your Illinois Department of Revenue Sales Tax Certificate.**

CORPORATE NAME	DBA NAME

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc..

ADDRESS	CITY	STATE	ZIP CODE

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. ☐ ASSUMED NAME DATE FILED WITH COUNTY CLERK: _____
- B. ☐ PARTNERSHIP DATE OF FORMATION: _____
- C. ☐ ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. ☐ FOREIGN CORPORATION STATE OF INCORPORATION: _____ DATE QUALIFIED TO DO BUSINESS IN ILLINOIS: _____
- E. ☐ LIMITED LIABILITY COMPANY DATE FORMED: _____

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided by every individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate equal to or more than 5% of the stock, (including officers, directors and stockholders of equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who have less than a 5% interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **Before completing this section, check Question No. 6 - Eligibility.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, zip code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				()			

B.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				()			

C.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				()			

D.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED	
				()			

- E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____ %

4. MISCELLANEOUS INFORMATION

A. WAREHOUSING

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

B. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

LANDLORD NAME	AREA CODE/TELEPHONE NO.			
	()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

5. LICENSE HISTORY

A. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES _____ NO _____

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSITION: ☐ GRANTED ☐ DENIED ☐ WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: _____

6. ELIGIBILITY QUESTIONS

These questions apply to the applicant and any other person listed under Question 3. These questions **MUST** be answered. **IF THE QUESTIONS ARE NOT CHECKED, THE APPLICATION WILL BE REJECTED.** If any question is checked "yes", a written, detailed explanation is required and must be attached to this application.

- 6-18 ☐ YES ☐ NO ARE YOU DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?
- 6-22 ☐ YES ☐ NO HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?
- 6-23 ☐ YES ☐ NO HAVE YOU HAD ANY PREVIOUS LIQUOR LICENSE REVOKED?
- 6-24 ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?
- 6-25 ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS DEFINED UNDER SECTION 5/6-2 OF THE ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1(a)1-11, "GAMBLING;" 720 ILCS 5/28-1.1(a)-(d) "SYNDICATED GAMBLING;" AND 720 ILCS 5/28-3 "KEEPING A GAMBLING PLACE"?
- 6-26 ☐ YES ☐ NO DO YOU POSSESS A CURRENT FEDERAL WAGERING STAMP? (ISSUED BY THE UNITED STATES INTERNAL REVENUE SERVICE TO TAX WAGERING ACTIVITY)
- 6-28 ☐ YES ☐ NO HAVE YOU RECEIVED OR BORROWED MONEY OR ANYTHING OF VALUE DIRECTLY OR INDIRECTLY FROM ANY OTHER LICENSEES, REPRESENTATIVES OF A LICENSEE, OR SUPPLIERS OF ALCOHOLIC PRODUCTS?
- 6-30 ☐ YES ☐ NO IF OPERATING AS A SOLE PROPRIETORSHIP OR A PARTNERSHIP, ARE YOU OR YOUR PARTNER(S) CURRENTLY NOT CITIZENS OF THE UNITED STATES OR RESIDENT ALIENS WITH LEGAL STATUS?

7. HOURS OF OPERATION

List the daily hours open for business. This information will assist Commission field agents in choosing an inspection time which causes the least disruption to the business.

MON	TUES	WED	THURS	FRI	SAT	SUN

8. MANUFACTURER'S REGISTERED AGENT REQUIREMENTS

If you have agents, representatives or persons acting on your behalf in Illinois that sell or discuss pricing terms of alcoholic liquor, you are required to register each of these individuals by submitting forms IL 567-0053 "Application for Registration - Manufacturer's Registered Agent" and IL 567-0054 "Statement of Representation - Registration of Manufacturer's Agent".

9. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. The signature must be an original, rubber stamps are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

General Information

Who must submit a bond?

Form REG-4-D, Financial Institution Irrevocable Letter of Credit Bond, **or** Form REG-4-A, Financial Responsibility Bond, is required to complete your registration to be licensed as a

- cigarette distributor
- cigarette machine operator
- liquor distributor
- direct wine shipper
- liquor airline
- tobacco products distributor
- motor fuel distributor
- motor fuel supplier
- motor fuel receiver

Note: International Fuel Tax Agreement (IFTA) carriers may be required to obtain a bond.

You must complete **either** Form REG-4-D **or** Form REG-4-A to obtain a bond. You will not be issued a certificate of registration and cannot be legally registered to do business in Illinois until we receive your bond.

How do I obtain a bond using Form REG-4-D?

You must provide Form REG-4-D to the financial institution that will be providing your bond. A separate bond is required for each location.

What is required for Form REG-4-D?

All signatures and seals must be original. We will not accept copies, faxes, etc., as proof of bond coverage. Duplicate originals must be marked as such and must meet the same requirements as the original bond form.

If any of the above requirements are not met, we will not accept the bond and it will be returned for correction.

Where do I send my Form REG-4-D?

Mail your completed Form REG-4-D with any required attachments to us at



**CENTRAL REGISTRATION DIVISION 3-222
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19039
SPRINGFIELD IL 62794-9039**

If you have questions regarding Form REG-4-D, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 558-7425**.

Specific Instructions

Part 1: Financial institution letter of credit bond type and number

Line a, Bond type - The bond type must match the tax type for which the bond is being issued.

Line b, Financial institution irrevocable letter of credit number - This number is assigned by the financial institution and must be present on the bond.

Line c, Bond amount - The amount of bond coverage must be entered on this line.

Part 2: Taxpayer and financial institution information

Taxpayer - The name and address must be identical to the information that you have registered with us. The address must be the physical location of your business; mailing addresses, PO Boxes, and other addresses are not acceptable.

Financial institution - The name and address of the financial institution executing the bond must be present.

Part 3: Effective and maturity date of bond

Effective date - This is the date the bond coverage will begin.

Maturity date - This is the date on which the letter of credit will mature.

Part 4: Bond conditions

The letter of credit must be written for a minimum of one year and be automatically renewable for successive one-year periods unless we receive written notice of cancellation 30 days prior to the maturity date.

Part 5: Financial institution officer information

Name, title, and signature - These lines must be completed by the financial institution officer authorizing the letter of credit.

Part 6: Financial institution seal

Financial institution seal - An official seal must be affixed in Part 6. If the financial institution does not have an official seal, a letter, on financial institution letterhead, stating that the financial institution does not have an official seal must accompany the letter of credit.



REG-4-A

Financial Responsibility Bond

Part 1: Financial responsibility bond type and number

a Bond type:

b Financial responsibility bond number: _____

Part 2: Taxpayer and financial institution information

We, _____ (as principal)
Taxpayer's name and address

and

Name and address of surety (as surety)

are bound to the people of the State of Illinois in the penal sum of \$_____. We hereby bind ourselves, our heirs, executors, administrators, successors, and assigns to the payment of this amount.

The condition of this bond is that if the principal (taxpayer) identified above, who has applied for the tax responsibility (bond type) identified above, in Part 1, pays to the Illinois Department of Revenue (IDOR) all amounts becoming due from the principal (taxpayer) under this law, then the bond will become void; otherwise, the bond will remain in full force.

The surety identified above may conditionally cancel this bond at any time by filing a written notice with IDOR by registered or certified mail within _____ days. However, the surety is not discharged from any liability previously accrued under this bond or that may accrue before the _____ days expires.

Part 3: Financial responsibility bond signatures and seal requirements

We have signed and sealed this bond on ____/____/_____, to be effective ____/____/_____.
You must attach a power of attorney.

(Principal's seal)

(Surety's seal)

Principal's (taxpayer) signature

Surety's signature

Attorney-in-fact's signature

President's or co-partner's signature

Countersigned by

Corporate secretary's signature

Agent for surety

Number and street

City

State

ZIP

For official use only

Date approved: ____/____/_____
Month Day Year

IDOR Director's signature

License number: _____



Financial Institution Irrevocable Letter of Credit Bond

Part 1: Financial institution letter of credit bond type and number

a Bond type:

b Financial institution irrevocable letter of credit number: _____

c Bond amount: \$ _____

Part 2: Taxpayer and financial institution information

Taxpayer:

Financial institution:

Name

Street address

City State ZIP

Part 3: Effective and maturity date of bond

Effective date: ____/____/____
Month Day Year

Maturity date: ____/____/____
Month Day Year

Part 4: Bond conditions

If the taxpayer identified above, in Part 2, fails to pay the Illinois Department of Revenue (IDOR) all moneys, including penalties and interest, due under this bond type's tax act, IDOR is authorized to draw drafts on demand against this irrevocable letter of credit. The sum of this irrevocable letter of credit cannot exceed the bond amount above, in Part 1, and drafts drawn against it are payable on demand. This letter of credit is issued for a period of **one** year and will be renewed automatically for successive **one** year periods unless IDOR receives a written notice of cancellation 30 days prior to the maturity date.

Part 5: Financial institution officer information

The undersigned officer of the financial institution identified above, in Part 2 is duly authorized by the Board of Directors to execute this irrevocable letter of credit; and this financial institution will honor all drafts on demand. The name of the authorized financial institution officer, title and signature are required.

Name: _____ Title: _____

Signature: _____

Part 6: Financial institution seal

The official seal of the financial institution must be affixed below.

For official use only

Date approved: ____/____/____
Month Day Year

IDOR Director's signature

License number: _____

STATEMENT OF REPRESENTATION REGISTRATION OF MANUFACTURER'S AGENT

State of Illinois
LIQUOR CONTROL COMMISSION
100 WEST RANDOLPH, SUITE 7-801, CHICAGO, IL 60601
PH: 312-814-2206 FAX: 312-814-2241 TDD (312) 814-1844

**APPLICATION FOR REGISTRATION
MANUFACTURER'S REGISTERED AGENT**

CURRENT LIQUOR LICENSE NO. _____

TYPE OR PRINT INFORMATION

APPLICANT'S NAME (Business, Partnership, Corporation)		APPLICATION DATE
DBA OR TRADE NAME		BUSINESS PHONE ()
BUSINESS STREET ADDRESS		
CITY	STATE	ZIP
NAME, ADDRESS, PHONE OF MANUFACTURER'S AGENT(S) FOR WHICH IDENTIFICATION CARD IS REQUESTED. FOR EACH INDIVIDUAL LISTED, THE APPLICANT MUST ATTACH A STATEMENT OF REPRESENTATION. <i>ATTACH ADDITIONAL SHEETS, IF NECESSARY.</i>		
NAME	PHONE	
ADDRESS, CITY, STATE, ZIP CODE		
NAME	PHONE	
ADDRESS, CITY, STATE, ZIP CODE		
NAME	PHONE	
ADDRESS, CITY, STATE, ZIP CODE		
DOES THE APPLICANT OR ASSOCIATE HOLD ANY RETAIL ALCOHOL BEVERAGE LICENSE, OR ANY FINANCIAL OR OTHER INTEREST IN SUCH A LICENSE OR ESTABLISHMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE AND PROVIDE CURRENT LICENSE NUMBER. _____ _____ _____		
HAS THE APPLICANT, PARTNERS OR OFFICERS, EVER BEEN CONVICTED OF ANY VIOLATION OF THE ILLINOIS LIQUOR CONTROL ACT OR A FELONY IN THIS STATE, ANY OTHER STATE, OR UNDER FEDERAL LIQUOR LAWS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE FULL DETAILS. _____ _____ _____		
PRINT FULL NAME AND TITLE OF APPLICANT	SIGNATURE OF APPLICANT	DATE

NOTE:

IDENTIFICATION CARDS MUST BE OBTAINED FOR EACH SALES REPRESENTATIVE EMPLOYED.
CARDS EXPIRE CONCURRENT WITH MANUFACTURER'S LIQUOR LICENSE.